


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90108 019 \*\*\*\*61.25

<b>DOCUMENT # N48060</b> 1. Entity Name <b>THE ROSEMORE FAMILY FOUNDATION, INCORPORATED</b>					
Principal Place of Business <b>19667 TURNBERRY WAY 23 AB AVENTURA, FL 33180 US</b>			Mailing Address <b>19667 TURNBERRY WAY 23 AB AVENTURA, FL 33180 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0333927</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROSEMORE, MARION G 19667 TURNBERRY WAY 23 AB AVENTURA, FL 33180</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE <u>Marion Rosemore</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSEMORE, FREDRIC M. 19667 TURNBERRY WAY APT 23AB AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT ROSEMORE, MARION G. 19667 TURNBERRY WAY APT 23AB AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEMORE, MARION G. 19667 TURNBERRY WAY APT 23AB AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, MARTHA R. 19667 TURNBERRY WAY APT 23AB AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, STACY M 19667 TURNBERRY WAY APT 23AB AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Marion Rosemore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date Daytime Phone #					

ATTACHMENT

40098732

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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Business Entity Name THE ROSEMORE FAMILY FOUNDATION, INCORPORATED

FEI Number 65 - 0333927FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address 19667 TURNBERRY WAY (PO Box not acceptable)  
Suite, Apt. #, etc. 23 AB  
City, State AVENTURA, FL  
Zip Code & Country 33180 US

**Mailing Address**

If your mailing address is the same as the principal address above, please check the box below. Otherwise your mailing address.

☐ Mailing address same as principal address

Address 19667 TURNBERRY WAY  
Suite, Apt. #, etc. 23 AB  
City, State AVENTURA, FL  
Zip Code & Country 33180 US

**Name And Address of Registered Agent**Name (Last, First, Middle, Title) ROSEMORE, MARION, G, 

- OR -

Business to serve as RA

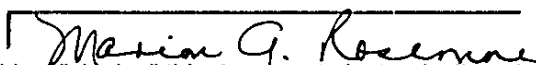
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Street Address In Florida 19667 TURNBERRY WAY (PO Box not acceptable)  
Suite, Apt. #, etc. 23 AB  
City, State AVENTURA, FL  
Zip Code & Country 33180 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address****Name And Address #1**

Title PD  
Name (Last, First, Middle, Title) \_\_\_\_\_  
- OR -

Entity Name to serve as Officer/Director ROSEMORE, FREDRIC M.

Street Address 19667 TURNBERRY WAY APT 23AB  
City, State AVENTURA, FL  
Zip Code & Country 33180

**Name And Address #2**

Title SVT  
Name (Last, First, Middle, Title) \_\_\_\_\_  
- OR -

Entity Name to serve as Officer/Director ROSEMORE, MARION G.

Street Address 19667 TURNBERRY WAY APT 23AB  
City, State AVENTURA, FL  
Zip Code & Country 33180

**Name And Address #3**

Title D

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director ROSEMORE, MARION G.

Street Address

19667 TURNBERRY WAY APT 23AB

City, State

AVENTURA

FL

Zip Code &amp; Country

33180

Name And Address #4

Title

D

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director GREENBERG, MARTHA R.

Street Address

19667 TURNBERRY WAY APT 23AB

City, State

AVENTURA

FL

Zip Code &amp; Country

33180

Name And Address #5

Title

D

Name (Last, First, Middle, Title)

FRIEDMAN

STACY

M

- OR -

Entity Name to serve as Officer/Director

Street Address

19667 TURNBERRY WAY APT 23AB

City, State

AVENTURA

FL

Zip Code &amp; Country

33180

Name And Address #6

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

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#N48060

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

Director  
Maria G. Rosemae

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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